



# Summer Youth Component Registration Form 2010



**HOW CAN WE HELP YOU? (Please check all that apply.)**

- I Need:**
- ☐ 1. Help finding work / job referrals
  - ☐ 2. Information about Unemployment Insurance (UI)
  - ☐ 3. Information about services for job seekers with disabilities
  - ☐ 4. Help finding a new career that fits my skills and interests
  - ☐ 5. Vocational / occupational training
  - ☐ 6. Job search skills (resume writing, how to look for work, interviewing, keeping the job, etc.)
  - ☐ 7. Information about education (GED, high school completion, college)
  - ☐ 8. Computer classes
  - ☐ 9. To improve my basic skills (reading, math)
  - ☐ 10. To learn English
  - ☐ 11. Information about YouthNet and/or Youth services
  - ☐ 12. Referral to other services (child care, transportation, housing, legal, counseling, etc.)

**other:** \_\_\_\_\_

<b>LAST NAME:</b>		<b>FIRST NAME:</b>	
<b>SOCIAL SECURITY #:</b>		<b>Today's Date:</b>	
Address:	Street:		
	City/State:		Zip:
Mailing Address:	Street:		
	City/State:		Zip:
Day Phone: (    )		Alternate Phone: (    )	
E-Mail Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Are you registered for Selective Service?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ETHNICITY:</b>			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	
<input type="checkbox"/> Black-not Hispanic	<input type="checkbox"/> White-not Hispanic		
<input type="checkbox"/> Other	<input type="checkbox"/> Decline to Answer		
<b>EDUCATION STATUS:</b> Highest grade completed: _____			
<input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> College			
Degrees, licenses or credentials you hold: _____			
<b>EMPLOYMENT STATUS:</b> Are you currently working?: _____			
If no, what kind of work are you looking for? Or main occupation? _____			
<b>ADDITIONAL INFORMATION:</b>			
Veteran of the U.S. Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-offender	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current or former Foster Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant/seasonal farm worker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refugee / Asylee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Person with a disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receiving Public Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Received Unemployment within past 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No
(GA, TANF, Food Stamps, RCA, SSI)		Permanent Alien #: _____	

**WORK HISTORY** (Please start with last job held);

Company:		Job Duties:	
Start Date:	End Date:		
Job Title 1:			
City/State:		Reason for Leaving:	
Hourly Wage: \$	<input type="checkbox"/> FT <input type="checkbox"/> PT	Separation Pay/Ltr:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Company:		Job Duties:	
Start Date:	End Date:		
Job Title 2:			
City/State:		Reason for Leaving:	
Hourly Wage: \$	<input type="checkbox"/> FT <input type="checkbox"/> PT		

Company:		Job Duties:	
Start Date:	End Date:		
Job Title 3:			
City/State:		Reason for Leaving:	
Hourly Wage: \$	<input type="checkbox"/> FT <input type="checkbox"/> PT		

You will receive upon your interview: 1) Customer Bill of Rights 2) Grievance Procedure and; 3) Code of Conduct. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and that I may have to provide documents to support this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\* FOR OFFICIAL USE ONLY \*\*\***Right-to-Work Documents Viewed: ☐Staff Initials: ☐AOSOS Customer ID Assigned: ☐

Date: \_\_\_\_\_

**- CUSTOMER REFERRAL / ACTION PLAN -****TALENT DEVELOPMENT****TALENT MARKETING**

- ☐ Pre-Employment Skills
- ☐ Soft-Skills
- ☐ Basic Skills
- ☐ Workforce Intelligence
- ☐ Computer Literacy
- ☐ Career Assessment
- ☐ In-depth Skills Assessment
- ☐ Career / Technical Education
- ☐ Vocational Training
- ☐ On-line Training / Distance Learning
- ☐ Tuition Assistance
- ☐ Subsidized Employment
- ☐ Support Services

- ☐ Workforce Intelligence
- ☐ Resume Assistance
- ☐ Interviewing Assistance
- ☐ Job Matching / Referrals
- ☐ Pre-screening / Referrals
- ☐ Job Fairs
- ☐ Employment Networking
- ☐ Job Coaching / Career Counseling
- ☐ Employer Orientations / Interviews